

Viamed Ltd
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Viamed Ltd



Delivery Address	Invoice Address	Contact Name	: Ana Da Silva
Farla Medical Healthcare Ltd	Farla Medical Healthcare Ltd	Contact Tel	: 03451395193
Loading Bay 1	4 Imperial Place	Account	CID11632
Old Bay House	Maxwell Road	Customer Reference	PO203032
River Road Discovery Park	Borehamwood	Date	10 Jun 2026
Sandwich	WD6 1JN	Priority	3
CT13 9FN			

Valid until	11 Jul 2026
Priced In	UK Pounds

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Proforma Invoice MVM164075

CIP Carriage and Insurance Paid To Farla Medical, UK * Incoterms 2020

Your Viamed Contact for this Proforma Invoice : aqib.majeed@viamed.co.uk

Item Reference	Description	Quantity	Unit	Unit Vat	Total
1114005	EyeMax 2 Neonatal Phototherapy Mask - Regular Ref. R300P01 Pack of 20	50	44.20	8.84	2,652.00
1114006	EyeMax 2 Neonatal Phototherapy Mask - Premie Ref. R300P02 Pack of 20	5	44.20	8.84	265.20
PPUPS1	UPS Courier Delivery - Standard	1	12.00	2.40	14.40

Total Net:	2,443.00
Total Vat:	488.60
Total:	2,931.60

Banking details	BIC
Bank	Barclays Bank PLC
Sort Code	20-78-42
Account Number	00906662
IBAN	GB05BUKB20784200906662
BIC	BUKGB22
Terms and conditions	https://www.viamed.co.uk/terms

Full proforma amount to be credited to our account net of all bank charges.
Claims: Please claim non delivery within 14 days of invoice.
Shortages or damage within 3 days of receipt.
Claims after these times cannot be entertained.
Title to goods does not pass until payment in full has been received.
Proforma Valid for 30 days only.
Viamed Ltd reserves the right to add an administration fee to the Proforma if multiple changes are requested.